

1524

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila BUREAU OF VITAL STATISTICS State Index No. 181

District of \_\_\_\_\_ ORIGINAL CERTIFICATE OF BIRTH Co. Registrar No. 408

Town of Midland City Local Registrar's No. \_\_\_\_\_

or \_\_\_\_\_

City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

FULL NAME OF CHILD Helen Evelyn Narcross { Born YES  
If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive ☒

Sex of Child <u>Female</u>	Twin, Triplet or other _____	{ and }	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>July 30, 1921</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Justus Byrd Narcross</u>			Full Maiden Name <u>Annie Elizabeth West</u>		
Residence <u>Midland City, Ariz.</u>			Residence <u>Midland City, Ariz.</u>		
Color or Race <u>White</u> Age at last Birthday <u>43</u> (Years)			Color or Race <u>White</u> Age at last Birthday <u>34</u> (Years)		
Birthplace <u>Wisconsin</u>			Birthplace <u>Tombstone, Ariz.</u>		
Occupation <u>Miner</u>			Occupation <u>Housewife</u>		
Number of Child of this mother <u>8</u>		Number of children of this mother now living <u>7</u>		Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* 758

I hereby certify that I attended the birth of the above child, and that it occurred on July 30, 1921, at A M.

{ \*When there is no attending physician or midwife, then the householder should make this return. }

(Signature) Frederick J. Freeman  
(Attending physician, midwife, householder. \*)

Given or Christian name added from a \_\_\_\_\_ Address Miami, Ariz.

Supplemental report \_\_\_\_\_ 192/ \_\_\_\_\_ Filed 7/31 192/ B. W. Hardy Mrs  
LOCAL REGISTRAR.

852-730-163 A True Copy Filed Aug 3 192/ B. E. Groat  
COUNTY REGISTRAR. COUNTY REGISTRAR.